

POSITION	ID NO.	DATE
CLASSIFIER	10	4-26-94
EXAMINER	42	5-11-94
TYPIST	SPR	318
VERIFIER		9-14
CORPS CORR.	314	7-14-94
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final Original O 11 14	
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SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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